FEC FORM 1

STATEMENT OF ORGANIZATION

Office use only
E4M5
22030
E▲ ZIP CODE ▲
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ete
09 / P 2008
the penalties of 2 U.S.C. S437g.
10 DAYS
FEC FORM 1 (Revised 12/2007)

	FEC I	Form 1 (Revised 12/2007)	Page 2			
5.	TYPE OF C	OMMITTEE (Check One) Committee:				
	(a)	This committee is a principal campaign committee. (Complete the candidate information below.)				
	(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.)	ne candidate			
	Name of Candidate					
	Candidate Party Affiliat	Office Sought: House Senate President	State District			
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.				
	Name of Candidate					
	Party Comr					
	(d)	(National, State This committee is a (or subordinate) committee of the	(Democratic, Republican,etc.) Party.			
	Political Ac	tion Committee (PAC):				
	(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	d organization is a:			
		Corporation Corporation w/o Capital Stock Lat	oor Organization			
		Membership Organization Trade Association Co	operative			
	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)					
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
	Joint Fundr	aising Representative:				
	(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two o committees/organizations, at least one of which is an authorized committee of a federal candidate.	r more political			
	(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two o committees/organizations, none of which is an authorized committee of a federal candidate.	r more political			
	Com	mittees Participating in Joint Fundraiser				
		1. FEC ID number C				
		2. FEC ID number				
		3. FEC ID number				
		4. FEC ID number				
		5 FEC ID number C				

FEC Form 1 (Revised 1	2/2007)		Page 3
Write or Type Committee Name			
FRED THOMPSON POL	LITICAL ACTION COMMITTEE		
6. Name of Any Connected Or	rganization, Affiliated Committee, Leadership	PAC Sponsor or Joint Fund	raising Representative
None			
Mailing Address			
	1		1 1-1
	CITY▲	STATE ▲	ZIP CODE 🛦
Relationship:	511. 4	OTAL A	211 0002 💂
Connected Organization	Affiliated Committee Lead	lership PAC Sponsor	Joint Fundraising Representative
	entify by name, address, (phone number	optional), and position of	of the person in
possession of Committee			
Full Name	Nilson		
Mailing Address	10332 Main Street		
	Fairfax		
Title or Position ♥	CITY A	STATE	ZIP CODE A
•	n of Records	Telephone number	_
8. Treasurer: List the name	and address (phone number optional)	of the treasurer of the con	nmittee; and the
	y designated agent (e.g., assistant treasu		
Full Name			
of Treasurer Richa	rd Roberts		
Mailing Address	2107 Old Taseulum Road	t	
	Greenville		37745
Title or Position ♥	CITY 🛦	STATE	ZIP CODE A
Treasure	r	- 423	3 _ 335 _ 9597
		Telephone number	

	sed 12/2007)		Page 4
Full Name of Designated Agent			
Mailing Address			
Title or Position ▼	CITY A	STATE A	
		ephone number	
Banks or Other Deposit safety deposit boxes or m Name of Bank, Depositor	naintains funds.	committee deposits funds, ho	lds accounts, rents
W	achovia Bank		ı
Mailing Address	301 South College Street		
Mailing Address	301 South College Street One Wachovia Center		
Mailing Address		NC NC	28288
Mailing Address	One Wachovia Center Charlotte	NC STATE 4	
Mailing Address Name of Bank, Depositor	One Wachovia Center Charlotte CITY		28288 [
Name of Bank, Depositor	One Wachovia Center Charlotte CITY		28288 [
Name of Bank, Depositor	One Wachovia Center Charlotte CITY ry, etc. ank of America 1545 E. Andrew Johnson Highway		28288 ZIP CODE
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